

Special Report

Exhibit 4:

Medical records for
Brandon Lee Brown, OK DOC #592020

Oklahoma Department of Corrections

Oklahoma Department of Corrections Private and DOC: ODOC Formulary Group
Number:

BROWN, BRANDON

OK DoC Offender ID 592090

██████████ (35) M African
American

Oklahoma State Penitentiary

3-11 shift note - 07/30/19 08:20 PM

PROGRESS NOTE:

Progress Note:

DC'D from medical awaiting housing placement. Up amb ad lib in cell, A,A,Ox4, Resp E/U, denies c/o. No acute distress noted.

CO-PAYMENT ASSIGNMENT ONLY (Select procedure 99211-office visit and/or medication(s) for co-payment)

Encounter: SIMPLE NARRATIVE NOTE

Date/Time of Service: 07/30/19 08:20 PM

Location of Service: Davis Correctional Facility

Provider: Terri Moser, RN Authorizing Provider: Terri Moser, RN

Signed Electronically by Terri Moser, RN on 07/30/19 10:15 PM

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Oklahoma Department of Corrections

Oklahoma Department of Corrections Private and DOC: ODOC Formulary Group
Number:

BROWN, BRANDON

OK DoC Offender ID **592090**
[REDACTED] (35) M African
American
Oklahoma State Penitentiary

11-7 Shift Note - 07/31/19 12:52 AM

PROGRESS NOTE:

Note:

Inmate remains on Sheltered Housing pending appropriate placement by security. Reading a book, laying on his bunk. No sign of distress, no complaint voiced.

CO-PAYMENT ASSIGNMENT ONLY (Select procedure 99211-office visit and/or medication(s) for co-payment)

<p><i>Encounter:</i> MEDICAL PROGRESS NOTE - NARRATIVE <i>Date/Time of Service:</i> 07/31/19 12:52 AM <i>Location of Service:</i> Davis Correctional Facility <i>Provider:</i> Roberta Clemans, RN Authorizing Provider: Roberta Clemans, RN</p>
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Signed Electronically by Roberta Clemans, RN, RN on 07/31/19 01:00 AM

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Oklahoma Department of Corrections

Oklahoma Department of Corrections Private and DOC: ODOC Formulary Group
Number:

BROWN, BRANDON

OK DoC Offender ID 592090

(35) M African
American

Oklahoma State Penitentiary

Return to housing - 07/31/19 03:30 PM

PROGRESS NOTE:

Progress Note:

DC'D from medical housing per orders. Return to housing FC pod, amb ad lib escorted per security. No distress noted.

CO-PAYMENT ASSIGNMENT ONLY (Select procedure 99211-office visit and/or medication(s) for co-payment)

Encounter: SIMPLE NARRATIVE NOTE

Date/Time of Service: 07/31/19 03:30 PM

Location of Service: Davis Correctional Facility

Provider: Terri Moser, RN Authorizing Provider: Terri Moser, RN

Signed Electronically by Terri Moser, RN on 07/31/19 03:57 PM

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OKLAHOMA DEPARTMENT OF CORRECTIONS
REQUEST FOR HEALTH SERVICES

TO BE COMPLETED BY INMATE

Facility:

DCE

Date:

8/10/19

Inmate Name:

BRANDON BROWN

DOC #

59090

Unit

EC 211

I request the following service(s): (Check appropriate box(es))

☒ Medical
 ☐ Mental Health
 ☐ Dental
 ☐ Optometry (eye)
 ☒ Medication Renewal
 (expired medications only)

Reason for service:

My left foot has some
 type of gum are mark on it
 my foot slipped out of shower
 shoe in medical it creating and itchy

I understand that in accordance with operations memorandum OP-140117 entitled, "Access to Health Care", I will be charged \$ 4 for each medical service I request and a charge of \$ 4 for each medication(s) dispensed to me, with the exceptions noted in the above-reference operations memorandum. There is no charge to the offender for mental health services and/or mental health medications.

Inmate Signature

Brandon Brown

Date:

8-10-19

TO BE COMPLETED BY HEALTH SERVICES

Date Received

8-16-19

Initials

G

Comment:

Seen in Medical

RN/LPN/Health Care Provider Signature

G. L. Brown

Date

8-16-19

"Return the "Request for Health Services" with the disposition of the inmate's request in the comment section to the inmate after scanning into the inmate's EHR.

NOTE: All "Keep on Person" (KOP's) medication refill requests must be submitted to the facility's health services unit or to the medical host facility, using the "Medication Refill Slip" (DOC 140130M). "Medication Refill Slips" must be submitted within ten days of the date the medication expires or runs out. "Medication Refill Slips" are readily available and accessible at designated locations within the facility.

Oklahoma Department of Corrections

Oklahoma Department of Corrections Private and DOC: ODOC Formulary Group
Number:

BROWN, BRANDON

OK DoC Offender ID 592090

0 [REDACTED] (35) M African
American

Oklahoma State Penitentiary

payment)

<p><i>Encounter:</i> PRURITIC LESIONS/SCALING (Athlete's Foot (Tinea Pedis))</p> <p><i>Date/Time of Service:</i> 08/16/19 12:03 PM</p> <p><i>Location of Service:</i> Davis Correctional Facility</p> <p><i>Provider:</i> Gloriana Goodwin, LPN Authorizing Provider:Gloriana Goodwin, LPN</p> <p><i>Procedures:</i> Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services. (99211)</p>

Signed Electronically by Gloriana Goodwin, LPN on 08/16/19 12:22 PM

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**OKLAHOMA DEPARTMENT OF CORRECTIONS
REQUEST FOR HEALTH SERVICES**

TO BE COMPLETED BY INMATEFacility: DEFDate: 8-20-19Inmate Name BRANDON BROWNDOC # 55209 Unit FC2A

I request the following service(s): (Check appropriate box(es))

☒ Medical ☐ Mental Health ☐ Dental ☐ Optometry (eye) ☒ Medication Refill
(expired medications only)

Reason for service: I need aid & assistance on my foot please
I recently looked closer at it and you can see
little bumps under the skin.

I understand that in accordance with operations memorandum OP-140117 entitled, "Access to Health Care", I will be charged \$ 4 for each medical service I request and a charge of \$ 4 for each medication(s) dispensed to me, with the exceptions noted in the above-reference operations memorandum. There is no charge to the offender for mental health services and/or mental health medications.

Inmate Signature B BrownDate: 8/20/19**TO BE COMPLETED BY HEALTH SERVICES**

Comment:

Examined. Med 41

Date Received

8/28/19

Initials

RS

RN/LPN/Health Care Provider Signature

Date

"Return the "Request for Health Services" with the disposition of the inmate's request in the comment section to the inmate after scanning into the inmate's EHR.

NOTE: All "Keep on Person" (KOP's) medication refill requests must be submitted to the facility's health services unit or to the medical host facility, using the "Medication Refill Slip" (DOC 140130M). "Medication Refill Slips" must be submitted within ten days of the date the medication expires or runs out. "Medication Refill Slips" are readily available and accessible at designated locations within the facility.

DOC 140117A
(R 5/17)

Oklahoma Department of Corrections

Oklahoma Department of Corrections Private and DOC: ODOC Formulary Group
Number:

BROWN, BRANDON

OK DoC Offender ID 592090
[REDACTED] (35) M African
American
Oklahoma State Penitentiary

SKIN IRRITATION (example - Dermatitis, Rash, Poison Ivy, Dry Skin) - 08/28/19 12:10 PM

SUBJECTIVE DATA:

Allergies:

Allergen	Severity	Reactions	First Incidence	Certainty	Documented
No Known Drug Allergies					02/04/2010
No Known Environmental Allergies					02/04/2010
No Known Food Allergies					02/04/2010

Chief Complaint: rash

Onset: Recurrence;

Where did it start? 2 spots of "circle rash" 1 to each upper thigh
Small pin point white bumps under skin to inside left foot

Did it spread? No;

Exposure to Allergens: Unknown;

Associated Symptoms: Itching;

OBJECTIVE DATA:

Vitals:

Measurement	08/28/19 12:08 PM
Weight (lbs)	167.0
Pulse Sitting (BPM)	82
Respirations (BPM)	16
SBP (sitting)	120
DBP (sitting)	88

Appearance of Lesions: Dry; White/patchy;

Drainage: No;

Appearance: No distress;

HEALTH CARE PROVIDER NOTIFICATION:

Name of Health Care Provider Notified: Brewer

Time of notification: 1200

Verbal Orders Received/Documented/Assigned to Health Care Provider: Yes;

PLAN:

Interventions: Education/Intervention: Instruct to wash well with soap and water, apply cool moist compresses to affected area 3 - 4 times a day for 20 minutes, do not share linens, avoid scratching/touching affected area, medication use, avoid contact of lotion/ointment around eyes, follow-up sick call if no improvement. Inmate verbalizes understanding.;

PROGRESS NOTE:

Progress Note: small approx. 3x 5 cm circular rash- one circle to each thigh, white , patchy looking.

pinpoint small areas to inner aspect of left foot towards heel. Stated they "itched"

Plan: fungal ring for circular rash. Hydrocortisone for inner aspect of foot.

CO-PAYMENT ASSIGNMENT ONLY (Select procedure 99211-office visit and/or medication(s) for co-payment)

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Oklahoma Department of Corrections

Oklahoma Department of Corrections Private and DOC: ODOC Formulary Group
Number:

BROWN, BRANDON

OK DoC Offender ID **592090**

[REDACTED] (35) M African

American

Oklahoma State Penitentiary

Encounter: SKIN IRRITATION (example - Dermatitis, Rash, Poison Ivy, Dry Skin)

Date/Time of Service: 08/28/19 12:10 PM

Location of Service: Davis Correctional Facility

Provider: Rhonda Shivley, RN Authorizing Provider: Rhonda Shivley, RN

Procedures: Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services. (99211)

Medications: Hydrocortisone, Topical [hydrocortisone topical] 1% cream topical
Clotrimazole [clotrimazole topical] 1% cream topical

Signed Electronically by Rhonda Shivley, RN on 08/28/19 12:19 PM

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**OKLAHOMA DEPARTMENT OF CORRECTIONS
REQUEST FOR HEALTH SERVICES**

TO BE COMPLETED BY INMATEFacility: DCFDate: 8.27.19Inmate Name BRANDON L BROWN DOC # 592090 Unit FL211

I request the following service(s): (Check appropriate box(es))

☒ Medical ☐ Mental Health ☐ Dental ☐ Optometry (eye) ☒ Medication Renewal
(expired medications only)

Reason for service: I GOT RINGWORMS.

THIS IS THIRD FORM I FILLED OUT MORE EVIDENCE OF
ME BEING DENIED MEDICAL SERVICE.

I understand that in accordance with operations memorandum OP-140117 entitled, "Access to Health Care", I will be charged \$ 4 for each medical service I request and a charge of \$ 4 for each medication(s) dispensed to me, with the exceptions noted in the above-reference operations memorandum. There is no charge to the offender for mental health services and/or mental health medications.

Inmate Signature _____

Date: _____

TO BE COMPLETED BY HEALTH SERVICES

Date Received

8/29/19

Initials

RSComment: Examined. Med K.Shirley R

RN/LPN/Health Care Provider Signature

8/29/19

Date

"Return the "Request for Health Services" With the disposition of the inmate's request in the comment section to the inmate after scanning into the inmate's EHR.

NOTE: All "Keep on Person" (KOP's) medication refill requests must be submitted to the facility's health services unit or to the medical host facility, using the "Medication Refill Slip" (DOC 140130M). "Medication Refill Slips" must be submitted within ten days of the date the medication expires or runs out. "Medication Refill Slips" are readily available and accessible at designated locations within the facility.

DOC 140117A
(R 5/17)

Medunison

Oklahoma Department of CorrectionsOklahoma Department of Corrections Private and DOC: ODOC Formulary Group
Number:**BROWN, BRANDON**

OK DoC Offender ID 592090

[REDACTED] (35) M African
American

Oklahoma State Penitentiary

Medication Charges - 08/29/19 07:28 AM

PROGRESS NOTE:**Medications:**

<i>Medication</i>	<i>Start Date</i>	<i>End Date</i>
Clotrimazole 1% cream topical 1 QS Twice daily for 90 Days Notes: for circular rash on upper thighs	08/28/2019	11/25/2019
Hydrocortisone, Topical 1% cream topical 1 QS Twice daily for 90 Days	08/28/2019	11/25/2019

Note:

Charges for Clotrimazole and Hydrocortisone ordered 08/28/19

CO-PAYMENT ASSIGNMENT ONLY (Select procedure 99211-office visit and/or medication(s) for co-payment)*Encounter:* MEDICAL PROGRESS NOTE - NARRATIVE*Date/Time of Service:* 08/29/19 07:28 AM*Location of Service:* Davis Correctional Facility*Provider:* Tonya McMinn, Medical Record Clerk Authorizing Provider: Tonya McMinn, Medical Record Clerk*Medications:* Hydrocortisone, Topical [hydrocortisone topical] 1% cream topical
Clotrimazole [clotrimazole topical] 1% cream topical

Signed Electronically by Tonya McMinn, Medical Record Clerk on 08/29/19 07:28 AM

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OKLAHOMA DEPARTMENT OF CORRECTIONS
REQUEST FOR HEALTH SERVICES~~BE COMPLETED BY INMATE~~Facility: DCFDate: 10/22/19Inmate Name Brown, Brandon DOC # 592090 Unit FD 209

Request the following service(s): (Check appropriate box(s))

☒ Medical
 ☐ Mental Health
 ☐ Dental
 ☐ Optometry (eye)
 ☐ Medication Renewal
 (expired medications only)

Reason for service: Nose bleeding

Understand that in accordance with operations memorandum OP-140117 entitled "Access to Health Care", I will be charged \$4 for each medical service I request and a charge of \$4 for each medication(s) dispensed to me, with the exceptions noted in the above-reference operations memorandum. There is no charge to the inmate for mental health services and/or mental health medications.

Inmate Signature [Signature]Date: 10/22/19~~BE COMPLETED BY HEALTH SERVICES~~III

Date Received

10-22-19

Initials

DTComment: Exam

[Signature] HPW
 RN/LPN/Health Care Provider Signature

10/22/19
 Date

Turn the "Request for Health Services" with the disposition of the inmate's request in the comment section to inmate after scanning into the inmate's EHR.

DE: All "Keep on Person" (KOP's) medication refill requests must be submitted to the facility's health services unit or to the medical host facility, using the "Medication Refill Slip" (DOC 140130M). Medication Refill Slips must be submitted within ten days of the date the medication expires or runs out. Medication Refill Slips are readily available and accessible at designated locations within the facility.

DOC 140117A
 (R 5/17)

Oklahoma Department of Corrections

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Number:

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OK DoC Offender ID **592090**

(35) M African
American
Oklahoma State Penitentiary

NOSEBLEED (epistaxis) - 10/22/19 12:58 PM

SUBJECTIVE DATA:

Allergies:

<i>Allergen</i>	<i>Severity</i>	<i>Reactions</i>	<i>First Incidence</i>	<i>Certainty</i>	<i>Documented</i>
No Known Drug Allergies					02/04/2010
No Known Environmental Allergies					02/04/2010
No Known Food Allergies					02/04/2010

Chief Complaint: nose bleed since last night

Onset: New;

When: started last night

History of upper respiratory infection: No;

History of high blood pressure: No;

History of Trauma / foreign object: No;

History of hemophilia: No;

History of aspirin use: No;

History of bleeding disorder: No;

History of bleeding disorder: No;

Are you still on blood thinners? No;

OBJECTIVE DATA:

Vitals:

Measurement	10/22/19 01:01 PM
Temperature (F)	97.7
Pulse Sitting (BPM)	74
Respirations (BPM)	18
PulseOx - Room Air (%)	100.0 H
SBP (sitting)	120
DBP (sitting)	78

Right nare: Normal;

Left nare: Normal;

Amount of bleeding: Other;; I/M verbalizes that he blew his nose last night and his nose started to bleed and then it seemed to stop but started bleeding again.

HEALTH CARE PROVIDER NOTIFICATION:

PLAN:

Interventions: Education/Intervention: Instructed to not insert Q-tip or other object into nose, do not pick or blow nose, follow-up sick call if no improvement. Inmate verbalizes understanding.;

PROGRESS NOTE:

Progress Note: I/M presents to medical ambulatory without assistance. Steady gait noted. Noted I/M currently has tissue in LT nare. I/M verbalizes that he blew his nose last night and it started to bleed, it then stopped but then he felt it dripping again. Noted very small amount of red color on tissue, when LT nare examined no abnormalities noted. During visit I/M did not have any active bleeding. No distress noted at this time. Will RTC if bleeding continues.

CO-PAYMENT ASSIGNMENT ONLY (Select procedure 99211-office visit and/or medication(s) for co-

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Medunison

Oklahoma Department of Corrections

Oklahoma Department of Corrections Private and DOC: ODOC Formulary Group
Number:

BROWN, BRANDON

OK DoC Offender ID **592090**

[REDACTED] (35) M African
American

Oklahoma State Penitentiary

payment)

Encounter: NOSEBLEED (epistaxis)
Date/Time of Service: 10/22/19 12:58 PM
Location of Service: Davis Correctional Facility
Provider: Danay Turner, LPN Authorizing Provider: Danay Turner, LPN
Procedures: Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services. (99211)

Signed Electronically by Danay Turner, LPN on 10/22/19 01:14 PM

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Oklahoma Department of Corrections

Oklahoma Department of Corrections Private and DOC: ODOC Formulary Group
Number:

BROWN, BRANDON

OK DoC Offender ID 592090
0 [REDACTED] 5 (35) M African
American
Oklahoma State Penitentiary

PEPPER SPRAY (OC) / TEAR GAS (CN) - 11/22/19 08:41 AM

SUBJECTIVE DATA:

Allergies:

Allergen	Severity	Reactions	First Incidence	Certainty	Documented
No Known Drug Allergies					02/04/2010
No Known Environmental Allergies					02/04/2010
No Known Food Allergies					02/04/2010

Chief Complaint: Sprayed with OC

Type of exposure: OC spray

Time of exposure: 0800

Area exposed: all over

History of COPD: No;

History of Asthma: No;

Associated Symptoms: Burning; Pain Scale; 0;

OBJECTIVE DATA:

Vitals:

Measurement	11/22/19 08:41 AM
Temperature (F)	98.5
Pulse Sitting (BPM)	97
Respirations (BPM)	19
PulseOx - Room Air (%)	100.0 H
SBP (sitting)	149
DBP (sitting)	111
Pain Scale (0-10)	0

Respirations: Even;

Lungs sounds: Clear;

Skin: Warm;

Neurological: Awake; Alert; Oriented to; person; place; time; situation;

Eyes: Redness;

Appearance: No distress;

HEALTH CARE PROVIDER NOTIFICATION:

EMERGENCY NOTIFICATION:

PLAN:

Interventions:

Inmate calmed and moved to area for adequate air/ventilation.; Education/Intervention: Instructed to not rub face as this will aggravate the pain, put on clean cloths, proper hygiene, procedure(s) and care provided, follow-up sick call if no improvement. Inmate verbalizes understanding.;

PROGRESS NOTE:

Progress Note: Inmate sprayed during use of force, no noted s/s of distress, or discomfort, no tearing, nasal drainage. inmate refused to respond to nurse as to what caused use of force.

CO-PAYMENT ASSIGNMENT ONLY (Select procedure 99211-office visit and/or medication(s) for co-

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Oklahoma Department of Corrections

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Number:

BROWN, BRANDON

OK DoC Offender ID 592090

(35) M African
American

Oklahoma State Penitentiary

payment)

<p><i>Encounter:</i> PEPPER SPRAY (OC) / TEAR GAS (CN)</p> <p><i>Date/Time of Service:</i> 11/22/19 08:41 AM</p> <p><i>Location of Service:</i> Davis Correctional Facility</p> <p><i>Provider:</i> Gloriana Goodwin, LPN Authorizing Provider:Gloriana Goodwin, LPN</p> <p><i>Procedures:</i> Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services. (99211)</p>

Signed Electronically by Gloriana Goodwin, LPN on 11/22/19 09:56 AM

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Oklahoma Department of Corrections

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Number:

BROWN, BRANDON

OK DoC Offender ID 592090
[REDACTED] (35) M African
American
Oklahoma State Penitentiary

USE OF FORCE - 02/13/20 11:06 AM

SUBJECTIVE DATA:

Allergies:

Allergen	Severity	Reactions	First Incidence	Certainty	Documented
No Known Drug Allergies					02/04/2010
No Known Environmental Allergies					02/04/2010
No Known Food Allergies					02/04/2010

Injury Sustained: Contusion(s); left cheek Abrasion;; to right side face, right bottom lip

Medical History: None;

OBJECTIVE DATA:

Vitals:

Measurement	02/13/20 11:08 AM
Pulse Sitting (BPM)	88
Respirations (BPM)	18
PulseOx - Room Air (%)	98.0
SBP (sitting)	128
DBP (sitting)	72

Respirations: Even; Unlabored;

Lungs sounds: Clear;

Skin: Warm; Pink;

LOC: Awake; Alert; Oriented to person; Oriented place;

Neurological: Gait steady;

Appearance: No distress;

HEALTH CARE PROVIDER NOTIFICATION:

EMERGENCY NOTIFICATION:

PLAN:

Interventions:

Laceration(s)/Abrasion(s):

Contusion(s):

Education/Intervention: Instructed to not rub face as this will aggravate the pain, put on clean cloths, proper hygiene, procedure(s) and care provided, follow-up sick call if no improvement. Inmate verbalizes understanding.

PROGRESS NOTE:

CO-PAYMENT ASSIGNMENT ONLY (Select procedure 99211-office visit and/or medication(s) for co-payment)

Encounter: USE OF FORCE
Date/Time of Service: 02/13/20 11:06 AM
Location of Service: Davis Correctional Facility
Provider: Rhonda Shivley, RN Authorizing Provider:Rhonda Shivley, RN
Procedures: Office or other outpatient visit for the evaluation and management of an established patient, that

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Medunison

Oklahoma Department of Corrections

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OK DoC Offender ID 592090

██████████ (35) M African
American

Oklahoma State Penitentiary

may not require the presence of a physician. Usually, the presenting problem(s) are minimal.
Typically, 5 minutes are spent performing or supervising these services. (99211)

Signed Electronically by Rhonda Shivley, RN on 02/13/20 11:10 AM

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Oklahoma Department of Corrections

Oklahoma Department of Corrections Private and DOC: ODOC Formulary Group
Number:

BROWN, BRANDON

OK DoC Offender ID 592090
[REDACTED] (35) M African
American
Oklahoma State Penitentiary

HEADACHE - 02/18/20 10:25 AM

SUBJECTIVE DATA:

Allergies:

Allergen	Severity	Reactions	First Incidence	Certainty	Documented
No Known Drug Allergies					02/04/2010
No Known Environmental Allergies					02/04/2010
No Known Food Allergies					02/04/2010

Chief Complaint: headaches

Onset: New;

When: 5 days

Location of pain: Frontal;

Type of Pain: Throbbing; Pain Scale; 5;

Previously treated by medical provider for headaches: No;

Previously been prescribed medications by medical provider for headaches: No;

Previous over the counter medications for headaches: No;

OBJECTIVE DATA:

Vitals:

Measurement	02/18/20 10:26 AM
Weight (lbs)	163.0
Pulse Sitting (BPM)	82
Respirations (BPM)	16
PulseOx - Room Air (%)	100.0 H
SBP (sitting)	126
DBP (sitting)	93

Symptoms: AAO X 3; Normal gait; Facial symmetry; PERRLA; Moves all extremities;

HEALTH CARE PROVIDER NOTIFICATION:

Name of Health Care Provider Notified: brewer

Time of notification: 1020

Verbal Orders Received/Documented/Assigned to Health Care Provider: Yes;

EMERGENCY NOTIFICATION:

PLAN:

Interventions: Education/Intervention: Instructed to apply cool compresses to head and neck, take warm shower with water focused on head and neck, on factors that trigger headaches, stress reduction techniques, follow-up sick call if no improvement. Inmate verbalizes understanding.;

PROGRESS NOTE:

Progress Note: stated his headaches began after use of force 5 days ago. Small raised knot to upper left forehead. no open area, bruising or redness,

CO-PAYMENT ASSIGNMENT ONLY (Select procedure 99211-office visit and/or medication(s) for co-payment)

Encounter: HEADACHE

Date/Time of Service: 02/18/20 10:25 AM

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Oklahoma Department of Corrections

Oklahoma Department of Corrections Private and DOC: ODOC Formulary Group
Number:

BROWN, BRANDON

OK DoC Offender ID 592090
[REDACTED] (35) M African
American
Oklahoma State Penitentiary

Location of Service: Davis Correctional Facility

Provider: Rhonda Shivley, RN Authorizing Provider: Rhonda Shivley, RN

Procedures: Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services. (99211)

Medications: Ibuprofen [ibuprofen] 200 mg tablet oral (PRN:)

Signed Electronically by Rhonda Shivley, RN on 02/18/20 10:30 AM

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OKLAHOMA DEPARTMENT OF CORRECTIONS
REQUEST FOR HEALTH SERVICES

TO BE COMPLETED BY INMATE

Facility: DCF

Date: 2-13-20

Inmate Name BRANDON LEE BROWN

DOC # 592090 Unit FL110

I request the following service(s): (Check appropriate box(s))

☒ Medical ☐ Mental Health ☐ Dental ☐ Optometry (eye) ☐ Medication Renewal
(expired medications only)

Reason for service: I need niasporin and something for
headaches please

I understand that in accordance with operations memorandum OP-140117 entitled, "Access to Health Care", I will be charged \$ 4 for each medical service I request and a charge of \$ 4 for each medication(s) dispensed to me, with the exceptions noted in the above-reference operations memorandum. There is no charge to the offender for mental health services and/or mental health medications.

Inmate Signature

Brandon Lee Brown

Date:

2-13-20

TO BE COMPLETED BY HEALTH SERVICES

III

Date Received

2/18/20

Initials

BS

Comment:

Seen in clinic

Orshinley, R

RN/LPN/Health Care Provider Signature

2/18/20

Date

"Return the "Request for Health Services" with the disposition of the inmate's request in the comment section to the inmate after scanning into the inmate's EHR.

NOTE: All "Keep on Person" (KOP's) medication refill requests must be submitted to the facility's health services unit or to the medical host facility, using the "Medication Refill Slip" (DOC 140130M). "Medication Refill Slips" must be submitted within ten days of the date the medication expires or runs out. "Medication Refill Slips" are readily available and accessible at designated locations within the facility.

DOC 140117A
(R/5/17)

Medunison

Oklahoma Department of CorrectionsOklahoma Department of Corrections Private and DOC: ODOC Formulary Group
Number:

BROWN, BRANDON

OK DoC Offender ID 592090

[REDACTED] 35) M African
American
Oklahoma State Penitentiary

ABRASION/LACERATION/PUNCTURE - 02/18/20 10:30 AM

SUBJECTIVE DATA:**Allergies:**

Allergen	Severity	Reactions	First Incidence	Certainty	Documented
No Known Drug Allergies					02/04/2010
No Known Environmental Allergies					02/04/2010
No Known Food Allergies					02/04/2010

Was the inmate engaging in self harm or if the inmate is suspected of self-harm: STOP - Refer to Self-Harm/Self-Injury/Self-Mutilation MSRM 140117.01.14.11 No;

Chief Complaint: abrasion to right bottom lip and over left eye. very minuscule and healing w/o redness or edema

Associated Symptoms: Pain;

Pain Scale: 5;

OBJECTIVE DATA:**Vitals:**

Measurement	02/18/20 10:26 AM
Weight (lbs)	163.0
Pulse Sitting (BPM)	82
Respirations (BPM)	16
PulseOx - Room Air (%)	100.0 H
SBP (sitting)	126
DBP (sitting)	93

Location of injury: right lower lip and above left eye

Size of injury: minuscule

Character of wound: Clean; Other:; healing

Drainage: No;

HEALTH CARE PROVIDER NOTIFICATION:

Name of Health Care Provider Notified: Brewer

Time of notification: 1030

Verbal Orders Received/Documented/Assigned to Health Care Provider: Yes;

EMERGENCY NOTIFICATION:**PLAN:****Interventions:**

Education/Intervention: Instructed to keep wound clean and dry, signs and symptoms of infection, condition worsens or fever, follow-up sick call if no improvement. Inmate verbalizes understanding.;

PROGRESS NOTE:

Progress Note: abrasions happened in use of force 5 days ago. healing w/o s/s infection

CO-PAYMENT ASSIGNMENT ONLY (Select procedure 99211-office visit and/or medication(s) for co-payment)

Encounter: ABRASION/LACERATION/PUNCTURE

Date/Time of Service: 02/18/20 10:30 AM

The contents of this document are confidential and restricted to authorized personnel of the Oklahoma Department of Corrections.

Medunison

Oklahoma Department of Corrections

Oklahoma Department of Corrections Private and DOC: ODOC Formulary Group
Number:

BROWN, BRANDON

OK DoC Offender ID **592090**

[REDACTED] 35) M African

American

Oklahoma State Penitentiary

Location of Service: Davis Correctional Facility

Provider: Rhonda Shivley, RN Authorizing Provider: Rhonda Shivley, RN

Procedures: Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services. (99211)

Medications: Triple Antibiotic [bacitracin/neomycin/polymyxin B topical] 400 units-3.5 mg-5000 units/g ointment topical

Signed Electronically by Rhonda Shivley, RN on 02/18/20 10:34 AM

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Medunison

Oklahoma Department of CorrectionsOklahoma Department of Corrections Private and DOC: ODOC Formulary Group
Number:**BROWN, BRANDON**

OK DoC Offender ID 592090

(35) M African

American

Oklahoma State Penitentiary

F/U Facial Spasms - 03/10/20 12:30 PM

SUBJECTIVE DATA:**Allergies:**

Allergen	Severity	Reactions	First Incidence	Certainty	Documented
No Known Drug Allergies					02/04/2010
No Known Environmental Allergies					02/04/2010
No Known Food Allergies					02/04/2010

Chief Complaint:

F/U Facial Spasms

Subjective Data:

C/O facial spasms on left side of face. Reports it started last month. Was involved in UOF, landed on left side of face on ground.

OBJECTIVE DATA:**Vitals:**

Measurement	03/10/20 12:35 PM	03/10/20 12:29 PM	03/09/20 12:07 PM	01/09/20 11:58 AM	01/02/20 10:41 AM
Weight (lbs)		161.0	167.0		
Temperature (F)		98.1	97.9		
Pulse Sitting (BPM)		80	91		
Respirations (BPM)		16	18		
PulseOx - Room Air (%)		98.0	99.0		
SBP (sitting)		109	128		
DBP (sitting)		76	82		
MA					A
W					1
MH Level:				B	
Override					0
Pain Scale (0-10)	0				
Pain Scale (0-10)			0		

Physical Findings:

General: Well dressed, well nourished male. AOx4. Cooperative. Speech clear. Normal gait.

HEENT: Normocephalic. Pupils PERRLA, EOMI, sclera white and conjunctiva pink. Bilateral TMs intact, no erythema or drainage. Oropharynx pink, moist, no lesions. No facial drooping.

Neck: Supple, full ROM, no lymphadenopathy

Lungs: CTA bilaterally. No wheezes or rales

Heart: RRR, no murmurs

Abd: Soft, active bowel sounds, non-distended, non-tender

Ext: Moves all extremities without difficulty

Neuro: Appears grossly intact

ASSESSMENT:**Problems:**

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Oklahoma Department of Corrections

Oklahoma Department of Corrections Private and DOC: ODOC Formulary Group
Number:

BROWN, BRANDON

OK DoC Offender ID **592090**
[REDACTED] (35) M African
American
Oklahoma State Penitentiary

Problem	Code	Source	Status	Begin	Resolved Notes
Amphetamine Abuse	305.70	DSM IV	Confirmed	05/17/2019	Inmate was sent out to the emergency room and tested positive for amphetamines.
Cannabis Abuse	305.20	DSM IV	Confirmed	05/17/2019	Inmate was sent out to the emergency room and tested positive for cannabis.
PAIN	338-338.9	ICD-9	Suspected	09/21/2016	Tooth pain - left upper wisdom tooth. Referred to dental
Mood Disorder NOS	296.90	DSM IV	Suspected	12/16/2013	

Assessment/Diagnosis:

Intermittent Facial Spasms

PLAN:

Medications:

Medication	Start Date	End Date
Ibuprofen 200 mg tablet oral (PRN:) 4 tablet(s) Twice daily for 30 Days	02/18/2020	03/18/2020
Paxil 20 mg tablet oral 1 tablet(s) Each morning for 100 Days Notes: Informed Consent 9/6/19	12/26/2019	04/03/2020

Plan of Action:

1. Continue current meds as prescribed
2. Can massage left side of face when having spasms and prn
3. RTC prn worsening symptoms

Orders:

Type	Order	Date	Status
Medication	Triple Antibiotic	02/18/20 10:34 AM	Signed and Printed
Medication	Ibuprofen	02/18/20 10:29 AM	Signed and Printed

CO-PAYMENT ASSIGNMENT ONLY (Select procedure 99211-office visit and/or medication(s) for co-payment)

Encounter: F/U Facial Spasms
Date/Time of Service: 03/10/20 12:30 PM
Location of Service: Davis Correctional Facility
Provider: Serena Brewer, ARNP-CNP Authorizing Provider: Serena Brewer, ARNP-CNP
Problems: PAIN (338-338.9)
Amphetamine Abuse (305.70)
Cannabis Abuse (305.20)
Mood Disorder NOS (296.90)

Signed Electronically by Serena Brewer, ARNP-CNP on 03/10/20 05:33 PM

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Oklahoma Department of Corrections

Oklahoma Department of Corrections Private and DOC: ODOC Formulary Group
Number:

BROWN, BRANDON

OK DoC Offender ID 592090
[REDACTED] (35) M African
American
Oklahoma State Penitentiary

HEADACHE - 03/16/20 10:59 AM

SUBJECTIVE DATA:

Allergies:

Allergen	Severity	Reactions	First Incidence	Certainty	Documented
No Known Drug Allergies					02/04/2010
No Known Environmental Allergies					02/04/2010
No Known Food Allergies					02/04/2010

Chief Complaint: headaches

Onset: Recurrence;

Location of pain: Generalized;

Type of Pain: Throbbing; Achy;

Previously treated by medical provider for headaches: No;

Previously been prescribed medications by medical provider for headaches: No;

Previous over the counter medications for headaches: Yes; ibu

OBJECTIVE DATA:

Vitals:

Measurement	03/16/20 10:58 AM
Weight (lbs)	166.0
Temperature (F)	98.0
Pulse Sitting (BPM)	72
Respirations (BPM)	16
PulseOx - Room Air (%)	100.0 H
SBP (sitting)	122
DBP (sitting)	81

Symptoms: AAO X 3; Normal gait; Facial symmetry; PERRLA; Moves all extremities;

HEALTH CARE PROVIDER NOTIFICATION:

Name of Health Care Provider Notified: Brewer

Time of notification: 1100

Verbal Orders Received/Documented/Assigned to Health Care Provider: Yes;

EMERGENCY NOTIFICATION:

PLAN:

PROGRESS NOTE:

Progress Note: still c/o frequent headaches- especially in mornings

CO-PAYMENT ASSIGNMENT ONLY (Select procedure 99211-office visit and/or medication(s) for co-payment)

Encounter: HEADACHE

Date/Time of Service: 03/16/20 10:59 AM

Location of Service: Davis Correctional Facility

Provider: Rhonda Shivley, RN Authorizing Provider:Rhonda Shivley, RN

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Medunison

Oklahoma Department of Corrections

Oklahoma Department of Corrections Private and DOC: ODOC Formulary Group
Number:

BROWN, BRANDON

OK DoC Offender ID **592090**

[REDACTED] (35) M African
American

Oklahoma State Penitentiary

Procedures: Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services. (99211)

Medications: Ibuprofen [ibuprofen] 200 mg tablet oral (PRN:)

Signed Electronically by Rhonda Shivley, RN on 03/16/20 11:02 AM

The contents of this document are confidential and restricted to authorized personnel of the Oklahoma Department of Corrections.

OKLAHOMA DEPARTMENT OF CORRECTIONS
REQUEST FOR HEALTH SERVICES

TO BE COMPLETED BY INMATE

Facility: DFDate: 2-27-20Inmate Name BRANDON LEE BROWNDOC # 592090 Unit FC 110

I request the following service(s): (Check appropriate box(es))

☒ Medical ☐ Mental Health ☐ Dental ☐ Optometry (eye) ☐ Medication Renewal
(expired medications only)

Reason for service: I NEED A X-RAY DONE ON MY TAIL I BELIEVE
THE BONE WAS BROKEN ON 2-13-20.

I understand that in accordance with operations memorandum OP-140117 entitled, "Access to Health Care", I will be charged \$ 4 for each medical service I request and a charge of \$ 4 for each medication(s) dispensed to me, with the exceptions noted in the above-reference operations memorandum. There is no charge to the offender for mental health services and/or mental health medications.

Inmate Signature [Signature]Date: 2-27-20

TO BE COMPLETED BY HEALTH SERVICES

Date Received

2-28-20

Initials

GComment: Waived nose assessment[Signature]

RN/LPN/Health Care Provider Signature

2-28-20

Date

"Return the "Request for Health Services" with the disposition of the inmate's request in the comment section to the inmate after scanning into the inmate's EHR.

NOTE: All "Keep on Person" (KOP's) medication refill requests must be submitted to the facility's health services unit or to the medical host facility, using the "Medication Refill Slip" (DOC 140130M). "Medication Refill Slips" must be submitted within ten days of the date the medication expires or runs out. "Medication Refill Slips" are readily available and accessible at designated locations within the facility.

DOC 140117A
(R 5/17)

OKLAHOMA DEPARTMENT OF CORRECTIONS
WAIVER OF TREATMENT/EVALUATION
 (Form must be completed in its entirety)

Facility

DCF

Date

2-28-20

Time

0910

I certify that I am refusing to consent to the following treatment/procedure/diagnostic test/medication/outside referral/laboratory at my own insistence and against the advice of the health care provider.

1. Refusal for: SEE XRAY DONE ON FACE, I BELIEVE BONE BROKEN

2. Reason for the refusal: I ain't going I aint signing NOTHING

3. I have been informed by a Health Care Provider, RN or LPN of the risks attendant to my refusal. These include:

undetected complications due to refusal of assessment, death

4. During the clinical interview which included counseling and education, the Health Care Provider, RN or LPN has given me the opportunity to ask questions and has answered my questions.

5. I assume full responsibility for any results caused by my decision and I hereby release the institution, its employees, officers, and the provider from all legal responsibility and liability.

6. I certify that I am of sound mind and have read, or had read to me, and fully understand the above information concerning my refusal to accept treatment/evaluation and have had an opportunity to ask questions before I affix my signature.

7. I understand I may retract my decision and receive the treatment/procedure/diagnostic test/medication/outside referral/laboratory, although consequences due to the delay may result.

Inmate Signature:

Refused to Sign

Date:

2-28-20

Health Care Provider/RN/LPN

Date:

2-28-20

If the refusal is for an outside specialty clinic appointment based on a medical condition preventing travel or a scheduled family visit, does the inmate want the outside specialty clinic appointment rescheduled? ☐ Yes ☐ No

If the offender refuses to sign such a statement, he/she cannot be forced to do so legally nor may release be withheld until the offender signs. If this occurs, the form should be filled out, witnessed by two facility personnel and the statement documented on the form, "SIGNATURE REFUSED."

Witness Signature:

Date:

2-28-20

Inmate Name:
(Last, First)

Brown, Brandon

DOC Number:

597090

**OKLAHOMA DEPARTMENT OF CORRECTIONS
REQUEST FOR HEALTH SERVICES**

TO BE COMPLETED BY INMATE

Facility: DCF

Date: 3-3-20

Inmate Name BRANDON LEE BROWN DOC # 592090 Unit PC 110

I request the following service(s): (Check appropriate box(es))

☒ Medical ☐ Mental Health ☐ Dental ☐ Optometry (eye) ☐ Medication Renewal
(expired medications only)

Reason for service: "WAIVERED NURSE ASSESSMENT" DOES THAT ME MEDICAL
REFUSE TO DO A X-RAY ON MY FACE? IF SO, WHY?

I understand that in accordance with operations memorandum OP-140117 entitled "Access to Health Care", I will be charged \$4 for each medical service I request and a charge of \$4 for each medication(s) dispensed to me, with the exceptions noted in the above-reference operations memorandum. There is no charge to the inmate for mental health services and/or mental health medications.

Inmate Signature BRANDON LEE BROWN BB Date: 3-3-20

TO BE COMPLETED BY HEALTH SERVICES

Date Received

3/9/20

Initials

RS

Comment: It means you refused to come to sick call to be
examined. We cannot just order an X-ray w/o exam.

Shivley RN

RN/LPN/Health Care Provider Signature

3/9/20

Date

"Return the "Request for Health Services" with the disposition of the Inmate's request in the comment section to the Inmate after scanning into the Inmate's EHR.

NOTE: All "Keep on Person" (KOP's) medication refill requests must be submitted to the facility's health services unit or to the medical host facility, using the "Medication Refill Slip" (DOC 140130M). "Medication Refill Slips" must be submitted within ten days of the date the medication expires or runs out. "Medication Refill Slips" are readily available and accessible at designated locations within the facility.

DOC 140117A
(R 5/17)

OKLAHOMA DEPARTMENT OF CORRECTIONS
REQUEST FOR HEALTH SERVICES

TO BE COMPLETED BY INMATE

Facility: DCF Date: 3-24-20Inmate Name BRANDON LEE BROWN DOC # 597090 Unit FC-110

I request the following service(s): (Check appropriate box(es))

☒ Medical ☐ Mental Health ☐ Dental ☐ Optometry (eye) ☒ Medication Renewal
(expired medications only)

Reason for service: I WAS GIVEN HYDROCORTISONE CREAM AND CLOTRIMAZOLE FOR A RASH/
FUNGUS. WHATEVER IT IS, IT HAS COME BACK WORSE ON MY INNER THIGH PLEASE
SEE.

I understand that in accordance with operations memorandum OP-140117 entitled "Access to Health Care", I will be charged \$4 for each medical service I request and a charge of \$4 for each medication(s) dispensed to me, with the exceptions noted in the above-reference operations memorandum. There is no charge to the inmate for mental health services and/or mental health medications.

Inmate Signature Brandon Lee Brown Date: 3-24-20

TO BE COMPLETED BY HEALTH SERVICES

TII

Date Received

3/25/20

Initials

BC

Comment: Protocol Complete, med v2B. Carter, LCN

RN/LPN/Health Care Provider Signature

3/25/20

Date

"Return the "Request for Health Services" with the disposition of the Inmate's request in the comment section to the inmate after scanning into the inmate's EHR.

NOTE: All "Keep on Person" (KOP's) medication refill requests must be submitted to the facility's health services unit or to the medical host facility, using the "Medication Refill Slip" (DOC 140130M). "Medication Refill Slips" must be submitted within ten days of the date the medication expires or runs out. "Medication Refill Slips" are readily available and accessible at designated locations within the facility.

DOC 140117A
(R 5/17)

Oklahoma Department of Corrections

Oklahoma Department of Corrections Private and DOC: ODOC Formulary Group
Number:

BROWN, BRANDON

OK DoC Offender ID 592090
[REDACTED] (35) M African
American
Oklahoma State Penitentiary

PRURITIC LESIONS (example - Jock Itch (Tinea Cruris) - 03/25/20 11:06 AM

SUBJECTIVE DATA:

Allergies:

Allergen	Severity	Reactions	First Incidence	Certainty	Documented
No Known Drug Allergies					02/04/2010
No Known Environmental Allergies					02/04/2010
No Known Food Allergies					02/04/2010

Chief Complaint: rash to inner thighs around groin

Onset: Recurrence;

Associated Symptoms: Itching;

OBJECTIVE DATA:

Vitals:

Measurement	03/25/20 11:04 AM
Weight (lbs)	165.0
Temperature (F)	98.6
Pulse Sitting (BPM)	82
Respirations (BPM)	18
PulseOx - Room Air (%)	100.0 H
SBP (sitting)	113
DBP (sitting)	79
Pain Scale (0-10)	0

Location: Upper inner thigh; Perineal area;

Infection: None;

HEALTH CARE PROVIDER NOTIFICATION:

Name of Health Care Provider Notified: Brewer

Time of notification: approx 1110

Verbal Orders Received/Documented/Assigned to Health Care Provider: Yes;

PLAN:

Interventions:

Nursing Protocol assigned to Infectious Disease Nurse.; Education/Intervention: Instructed on hygiene, do not share linens, signs and symptoms of infection, keep hands off infected areas and avoid scratching, medication use, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions;

Medications:

Medication	Start Date	End Date
Hydrocortisone, Topical1% cream topical (PRN: itching)	03/25/2020	06/22/2020
1 QS Twice daily for 90 Days		
Miconazole Nitrate2% cream topical (PRN: itching/rash)	03/25/2020	06/22/2020
1 QS Twice daily for 90 Days		
Notes: not to be taken together		

Orders:

Type	Order	Date	Status
------	-------	------	--------

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Medunison

Oklahoma Department of CorrectionsOklahoma Department of Corrections Private and DOC: ODOC Formulary Group
Number:**BROWN, BRANDON**

OK DoC Offender ID 592090

[REDACTED] (35) M African

American

Oklahoma State Penitentiary

Medication Miconazole Nitrate 03/25/20 11:14 AM Signed and Printed

Medication Hydrocortisone, Topical 03/25/20 11:13 AM Signed and Printed

PROGRESS NOTE:

Progress Note: Inmate to medical for c/o rash to inner thigh. Inmate states, "I had this before and it has come back." During assessment it is noted that inmate has a raised dry area around right inner thigh/groin area. Inmate c/o itching really bad. Inmate instructed to keep area clean and dry and not to scratch area. No s/sx of infection at this time, no swelling or redness noted, NAD noted, AAO x4, ambulates with steady gait. V/O received for hydrocortisone cream and miconazole. Inmate may return to cell.

CO-PAYMENT ASSIGNMENT ONLY (Select procedure 99211-office visit and/or medication(s) for co-payment)*Encounter:* PRURITIC LESIONS (example - Jock Itch (Tinea Cruris)*Date/Time of Service:* 03/25/20 11:06 AM*Location of Service:* Davis Correctional Facility*Provider:* Bryanna Carlton, LPN Authorizing Provider: Bryanna Carlton, LPN

Procedures: Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services. (99211)

Signed Electronically by Bryanna Carlton, LPN on 03/25/20 11:16 AM

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OKLAHOMA DEPARTMENT OF CORRECTIONS
REQUEST FOR HEALTH SERVICES

TO BE COMPLETED BY INMATE

Facility: DCI Date: 3-31-20Inmate Name BRANDON BROWN DOC # 597090 Unit F-L 110

I request the following service(s): (Check appropriate box(es))

☒ Medical ☐ Mental Health ☐ Dental ☐ Optometry (eye) ☐ Medication Renewal
(expired medications only)

Reason for service: X - PAIN NEEDED OF SKULL

I understand that in accordance with operations memorandum OP-140117 entitled "Access to Health Care", I will be charged \$4 for each medical service I request and a charge of \$4 for each medication(s) dispensed to me, with the exceptions noted in the above-reference operations memorandum. There is no charge to the inmate for mental health services and/or mental health medications.

Inmate Signature BB Date: 2-15-20

TO BE COMPLETED BY HEALTH SERVICES

Date Received

4/1/20

Initials

RS

Comment: You were seen by provider for this. No X-ray ordered.

Shivley RN

RN/LPN/Health Care Provider Signature

4/1/20

Date

"Return the "Request for Health Services" with the disposition of the inmate's request in the comment section to the inmate after scanning into the inmate's EHR.

NOTE: All "Keep on Person" (KOP's) medication refill requests must be submitted to the facility's health services unit or to the medical host facility, using the "Medication Refill Slip" (DOC 140130M). "Medication Refill Slips" must be submitted within ten days of the date the medication expires or runs out. "Medication Refill Slips" are readily available and accessible at designated locations within the facility.

DOC 140117A
(R 5/17)